

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID #.	DATE
FEES DETERMINATION	157		C4-12-c1
O.I.P.E. CLASSIFIER		48	5/8/01
FORMALITY REVIEW	H.S	866	06.04.01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	01/05
2	✓	✓	01/05
3	✓	✓	01/05
4	✓	✓	01/05
5	✓	✓	01/05
6	✓	✓	01/05
7	✓	✓	01/05
8	✓	✓	01/05
9	✓	✓	01/05
10	✓	✓	01/05
11	✓	✓	01/05
12	✓	✓	01/05
13	✓	✓	01/05
14	✓	✓	01/05
15	✓	✓	01/05
16	✓	✓	01/05
17	✓	✓	01/05
18	N	N	01/05
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34	N	N	
35	✓	✓	
36	✓	✓	
37	✓	✓	
38	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here